



Church Disability and Accessibility Survey

Your church seeks to be a place where *everybody belongs and everybody serves*. Your answers to these questions will help your church identify steps they can take to become a congregation where people with all different types of disabilities experience belonging. Participation in this survey is voluntary, and your responses will be confidential. Your church leaders will receive a report about your congregation collectively, but individual responses will not be shared.

This survey has been designed with effort to be as accessible and as inclusive as possible, but we know it is possible that we've missed something. If this survey is inaccessible for you, please contact us to request an accommodation at info@datawise.com or by calling 616-520-8839.

Please enter the following information about your church:

Church Name: _____

City: _____

State/Province: _____

Personal Experience

These questions are about your personal experience with disabilities and chronic health conditions. Your anonymous answers will allow us to improve the accessibility of programming at your church.

1. Please select the disabilities or chronic health conditions that apply **to you**.

Please check all that apply.

- ☐₁ ADHD
- ☐₂ Autism
- ☐₃ Blind or visually impaired
- ☐₄ Chronic pain
- ☐₅ Chronic illness or medical condition
- ☐₆ Compromised immune system
- ☐₇ Deaf/deaf
- ☐₈ Developmental or intellectual disability
- ☐₉ Food allergies or special diets
- ☐₁₀ Hard of hearing
- ☐₁₁ Mental health disorder
- ☐₁₂ Physical disability
- ☐₁₃ Sensory processing disorder
- ☐₁₄ Speech difference
- ☐₁₅ Stimming or need to move around
- ☐₁₆ Tourette's syndrome or need to make noise
- ☐₁₇ Use of AAC (augmentative and alternative communication)
- ☐₁₈ Use of mobility aid or limited mobility
- ☐₁₉ Use of medical devices (monitors, pumps, etc.)
- ☐₂₀ Use of a service animal
- ☐₂₁ Use of sign language
- ☐₂₂ Other (*please specify*): _____
- ☐₂₃ None of the above

2. Do you identify as disabled or as a person with a disability or chronic health condition?

- ☐₁ Yes
- ☐₂ No
- ☐₃ Prefer not to answer

3. Do any of your **family members** have any of the following disabilities or chronic health conditions?

Please check all that apply.

- ☐₁ ADHD
- ☐₂ Autism
- ☐₃ Blind or visually impaired
- ☐₄ Chronic pain
- ☐₅ Chronic illness or medical condition
- ☐₆ Compromised immune system
- ☐₇ Deaf/deaf
- ☐₈ Developmental or intellectual disability
- ☐₉ Food allergies or special diets
- ☐₁₀ Hard of hearing
- ☐₁₁ Mental health disorder
- ☐₁₂ Physical disability
- ☐₁₃ Sensory processing disorder
- ☐₁₄ Speech difference
- ☐₁₅ Stimming or need to move around
- ☐₁₆ Tourette's syndrome or need to make noise
- ☐₁₇ Use of AAC (augmentative and alternative communication)
- ☐₁₈ Use of mobility aid or limited mobility
- ☐₁₉ Use of medical devices (monitors, pumps, etc.)
- ☐₂₀ Use of a service animal
- ☐₂₁ Use of sign language

☐₂₂ Other (*please specify*): _____

☐₂₃ None of the above

Your Church's Culture

- ☐ If you identified yourself or any of your family members as having any of the disabilities or chronic conditions in questions 1 or 3, please proceed to question 4.
- ☐ If you did **not** select any of the conditions in questions 1 or 3 as applying to yourself or a family member, please skip questions 4 through 8 and proceed to question 9.

4. Please rate how much you agree with this statement for yourself or your family member with a disability or chronic health condition:

"People at church do not steer clear of me because of the way I walk, communicate, or look."

- ☐ ₁ Strongly disagree
- ☐ ₂ Disagree
- ☐ ₃ Neither agree nor disagree
- ☐ ₄ Agree
- ☐ ₅ Strongly agree
- ☐ ₆ *Don't know / doesn't apply*

5. Please rate how much you agree with this statement for yourself or your family member with a disability or chronic health condition:

"If I disclose that I have a mental health challenge or disability, people at church won't question, challenge, or doubt me."

- ☐ ₁ Strongly disagree
- ☐ ₂ Disagree
- ☐ ₃ Neither agree nor disagree
- ☐ ₄ Agree
- ☐ ₅ Strongly agree
- ☐ ₆ *Don't know / doesn't apply*

6. Please rate how much you agree with this statement for yourself or your family member with a disability or chronic health condition:

"People at church do not assume what I need without checking with me first."

- ☐ ₁ Strongly disagree
- ☐ ₂ Disagree
- ☐ ₃ Neither agree nor disagree
- ☐ ₄ Agree
- ☐ ₅ Strongly agree
- ☐ ₆ *Don't know / doesn't apply*

7. Please rate how much you agree with this statement for yourself or your family member with a disability or chronic health condition:

"People at church do not assume that I can't answer for myself because I use a walker, wheelchair, service animal, aide, or other help."

- ☐ ₁ Strongly disagree
- ☐ ₂ Disagree
- ☐ ₃ Neither agree nor disagree
- ☐ ₄ Agree
- ☐ ₅ Strongly agree
- ☐ ₆ *Don't know / doesn't apply*

8. Please rate how much you agree with this statement for yourself or your family member with a disability or chronic health condition:

"If I ask for something I need or an accommodation, people at my church will try to make it happen."

- ☐ ₁ Strongly disagree
- ☐ ₂ Disagree
- ☐ ₃ Neither agree nor disagree
- ☐ ₄ Agree
- ☐ ₅ Strongly agree
- ☐ ₆ *Don't know / doesn't apply*

9. Please rate how much you agree with this statement:

"People with disabilities are encouraged to serve, lead and use their gifts in my church."

- ☐ ₁ Strongly disagree
- ☐ ₂ Disagree
- ☐ ₃ Neither agree nor disagree
- ☐ ₄ Agree
- ☐ ₅ Strongly agree
- ☐ ₆ *Don't know / doesn't apply*

10. Please rate how much you agree with this statement:

"My church is accessible to people with disabilities."

- ☐ ₁ Strongly disagree
- ☐ ₂ Disagree
- ☐ ₃ Neither agree nor disagree
- ☐ ₄ Agree
- ☐ ₅ Strongly agree
- ☐ ₆ *Don't know / doesn't apply*

11. Please rate how much you agree with this statement:

"My church usually asks what accommodations people may need before an event, or offers contact information to request an accommodation."

- ☐ ₁ Strongly disagree
- ☐ ₂ Disagree
- ☐ ₃ Neither agree nor disagree
- ☐ ₄ Agree
- ☐ ₅ Strongly agree
- ☐ ₆ *Don't know / doesn't apply*

Programming Accessibility

The following questions are about the accessibility of different programs at your church.

12. How accessible and welcoming are your church's **worship services** for people with different kinds of disabilities or conditions?

- ☐ ₁ This program is **not** equipped to welcome people with disabilities
- ☐ ₂ This program is equipped to welcome people with **some** disabilities but not others
- ☐ ₃ This program is welcoming and accommodating to people with a variety of disabilities
- ☐ ₄ *Don't know / Can't say*

13. How accessible and welcoming are your church's **building and facilities** for people with different kinds of disabilities or conditions?

- ☐ ₁ This program is **not** equipped to welcome people with disabilities
- ☐ ₂ This program is equipped to welcome people with **some** disabilities but not others
- ☐ ₃ This program is welcoming and accommodating to people with a variety of disabilities
- ☐ ₄ *Don't know / Can't say*

14. How accessible and welcoming are your church's **communication methods** (bulletins, slides, song formats, emails, website, etc.) for people with different kinds of disabilities or conditions?

- ☐ ₁ This program is **not** equipped to welcome people with disabilities
- ☐ ₂ This program is equipped to welcome people with **some** disabilities but not others
- ☐ ₃ This program is welcoming and accommodating to people with a variety of disabilities
- ☐ ₄ *Don't know / Can't say*

15. How accessible and welcoming is your church's **children's ministry** for people with different kinds of disabilities or conditions?

- ☐ ₁ This program is **not** equipped to welcome people with disabilities
- ☐ ₂ This program is equipped to welcome people with **some** disabilities but not others
- ☐ ₃ This program is welcoming and accommodating to people with a variety of disabilities
- ☐ ₄ *Don't know / Can't say*

16. How accessible and welcoming are your church's **middle and high school ministry** for people with different kinds of disabilities or conditions?

- ☐₁ This program is **not** equipped to welcome people with disabilities
- ☐₂ This program is equipped to welcome people with **some** disabilities but not others
- ☐₃ This program is welcoming and accommodating to people with a variety of disabilities
- ☐₄ *Don't know / Can't say*

17. How accessible and welcoming is your church's **adult programming** for people with different kinds of disabilities or conditions?

- ☐₁ This program is **not** equipped to welcome people with disabilities
- ☐₂ This program is equipped to welcome people with **some** disabilities but not others
- ☐₃ This program is welcoming and accommodating to people with a variety of disabilities
- ☐₄ *Don't know / Can't say*

Improving Accessibility

18. From what you know now, which of the following is needed at your church?

Please check all that apply.

- ☐₁ Improving the **worship experience** for people with disabilities
- ☐₂ Improving accessibility in the **church building / facilities**
- ☐₃ Improving accessibility in **church communication**
- ☐₄ Improving accessibility in **church programming**
- ☐₅ Better **congregational attitudes** toward people with disabilities
- ☐₆ **Empowering congregants with disabilities** to serve or use their gifts
- ☐₇ None of the above
- ☐₈ Don't know / can't say

19. When you think about accessibility and welcoming people with disabilities at your church, what barriers need to be addressed?

20. When you think about accessibility and welcoming people with disabilities at your church, what does your church do **well**?

- ☐ If you identified yourself or any of your family members as having any of the disabilities or chronic conditions in questions 1 or 3, please proceed to question 21.
- ☐ If you did **not** select any of the conditions in questions 1 or 3 as applying to yourself or a family member, please skip questions 21 and 22 and proceed to question 23.

21. What might help you or your family member with a disability participate more fully at your church?

22. Is there anything at church you or your family member with a disability have stopped doing because of barriers to participating? If yes, please explain.

23. What else would you like leadership at your church to know about disability and accessibility at your church?

Identifying Need

This ends the confidential part of the survey. In this next section, your church leaders hope to identify practical needs that you or your family members may have. They also hope to identify gifts you have that could help meet the needs that have been identified in this survey. In order to match needs, for this section and this section only, we ask for your name and contact information. The previous part of the survey is completely confidential, and your answers to the previous questions will not be connected to your identity in any way.

This section is completely optional, and you may skip these last questions and be done with the survey if you prefer.

- ☐ If you identified yourself or any of your family members as having any of the disabilities or chronic conditions in questions 1 or 3, please proceed to question 24.
- ☐ If you did **not** select any of the conditions in questions 1 or 3 as applying to yourself or a family member, please skip questions 24 and proceed to question 25.

24. What needs do you or your family members at this church have that you would like your church leaders to know about?

Please check all that apply.

- ☐ ₁ A companion during church services or events
- ☐ ₂ Extra support in children's ministry
- ☐ ₃ Someone to visit me
- ☐ ₄ Meals brought to me
- ☐ ₅ Respite as a caregiver

- ☐ ₆ Rides to church or medical appointments
- ☐ ₇ Help connecting to virtual worship services
- ☐ ₈ Financial help
- ☐ ₉ None of the above
- ☐ ₁₀ Other (*please specify*): _____

25. What gifts do you have that may be helpful as your church seeks to be a place of belonging for people with disabilities?

Please check all that apply.

- ☐ ₁ I can serve as a **companion during services or events**
- ☐ ₂ I can serve as a **support in children's ministry**
- ☐ ₃ I can **provide respite** to a family caring for someone with a disability
- ☐ ₄ I can **provide meals** to people who need them
- ☐ ₅ I can **visit someone** who is isolated
- ☐ ₆ I can **give rides** to church or appointments to people who need them
- ☐ ₇ I can help others **connect to virtual worship services**
- ☐ ₈ I can **serve financially** (pay for a project to make the church more accessible, help individuals with costs related to their disability or medical needs)
- ☐ ₉ I can **educate others about accessibility** (sharing personal or professional knowledge about disability)
- ☐ ₁₀ I can help our church **improve accessibility in communication** (improve communication practices, technology)
- ☐ ₁₁ I can help our church **create a culture of accessibility** (lead a book club, plan a disability awareness Sunday, organize an event)
- ☐ ₁₂ I can **serve in other ways** (send cards of encouragement, reach out to group homes to arrange an outing, offer my barrier free home for hosting church activities)
- ☐ ₁₃ I'm not sure how to help at this time, but I would like to serve my congregation in some way
- ☐ ₁₄ Other (*please specify*): _____

As a reminder, your name and contact information will only be connected to the two questions on this page so that your church leadership can match needs and gifts in your congregation.

Name:

Email:

Phone number:

This is the end of the survey. Thank you for completing the survey.